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appropnate. All further indicated unless correcte maintenance fee notifical	ed below or directed oth	ig the Pa	n Block 1, by (a	ders and notification of specifying a new con	respondence address	viii be i ; and/or	(b) indicating a sepa	correspondence address as arate "FEE ADDRESS" for
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27890	7590 12/15	/2010					of Mailing or Trans	mission
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APPLICATION NO.	ON NO. FILING DATE		FIRST NAMED INVEN		OR ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/676,006	10/02/2003		Jom Borch Soe		14923.0016 CID1		6421	
FITLE OF INVENTION AND IMPROVED FOO		OVING T	THE PROPERTI	ES OF A FLOUR DO	UGH, A FLOUR DO	OUGH 1	IMPROVING COMP	OSITION
APPLN, TYPE	SMALL ENTITY	ISSU	JE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO		\$1510	\$300	\$0		\$1810	03/15/2011
EXAMINER		ART UNIT		CLASS-SUBCLASS				
WONG, LESLIE A			1789	426-018000				
<ul> <li>Change of correspondence address or indication of "Fee Address" (3° CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondenc Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.</li> </ul>			orrespondence	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered patent attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
•	ND RESIDENCE DATA	A TO BE	PRINTED ON T	HE PATENT (print or	type)			
PLEASE NOTE: Uni	ess an assignee is ident h in 37 CFR 3.11. Comp	ified belo detion of	ow, no assignee this form is NO	data will appear on the I a substitute for filing	patent. If an assign an assignment.			ocument has been filed for
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Danisco A/S Copenhagen, DENMARK								
Please check the appropr	iate assignee category or	categori	es (will not be pri	inted on the patent):	🗖 Individual 🗸 Co	orporati	on or other private gro	up entity Government
Aa. The following fee(s) are submitted:    State   State     State				b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4293 (enclose an extra copy of this form).				
a. Applicant claims	tus (from status indicated s SMALL ENTITY statu	is. See 37	7 CFR 1.27.	☐ b. Applicant is no l				
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Authorized Signature M. A					Date03/14/2011			
Typed or printed name Harold H. Fox					Registration No. 41,498			
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